Parent Education Classes Registration Form

issued later than 24 hours prior to the first session of the series.



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Mother's Name (last, first)	Soc. Sec. #
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Street	
City Sta	
•	ell or Business Phone
Dhysician	
	other's DOB
Previous childbirth classes? 🛛 Yes 🗖 No	
Please check days you are <u>not</u> available Sunday Monday Tuesday Wednesday Thursday E-mail Address:	□ Friday □ Saturday
Grandparent Class Registration	
Name (last, first) Ph	one
Street	
<u>City</u> Sta	ate Zip
We wish to participate inCall 733-2472 to Early Pregnancy FREE	Design Your Own Series Choose any or all of the following. All classes are scheduled and charged separately. Labor Basics (Saturday class) \$60 Labor Basics (Weeknight class) \$60 Relaxation/Breathing \$40 Newborn Steps \$40 Breastfeeding Class \$30 Mail completed form with check made payable to Christiana Care: Parent Education, Room 1924 Christiana Hospital
registration result in a \$10 processing fee. Refunds will not be	P.O. Box 6001 Newark, DE 19718

For more information and updates, visit www.christianacare.org/parented.